



County Kildare Ireland

Lexington Sister Cities 2010 Youth Exchange Program Application

Please attach a photo of yourself here. Make sure it is a close-up, like the one you would have for a driver's license, an informal photo is fine.

Name _____

Age by departure date _____



Lexington Sister Cities
Deauville, County Kildare, Shinhidaka, Newmarket

Lexington Sister Cities
200 East Main Street Lexington, KY 40507
859-258-3137

LEXINGTON-COUNTY KILDARE EXCHANGE PROGRAM

Dear Parents:

The purpose of the Lexington-County Kildare Exchange Program is to provide a genuine cultural and family experience in another country for middle and high school students of Lexington, Kentucky and those of County Kildare, Ireland.

The American student's parent(s) must be willing and able to receive an Irish student in their home for approximately the same length of time as the American student is in Ireland, but not simultaneously. The Irish and the American should be together for both parts of the exchange. Students should exhibit maturity, flexibility, and an interest in the Irish culture.

The exchange will be for ten days to two weeks during the summer. The students will travel as a group with an adult chaperone. You should be prepared to incur an expense of approximately \$1,400 in transportation cost. (please see attached application for scholarship information). The Host Family will provide Room and Board.

It is important that you check your health and accident insurance policies to determine if your child would be covered outside the U.S. If not, you must secure such coverage.

Please sign and date this page to indicate your consent for your son or daughter to submit an application. Applications should be submitted to the Lexington Sister Cities office, 200 E. Main St., Lexington, KY 40507. After applications have been received, an orientation will be held to answer any questions you or your child may have about the program.

Applications should be submitted by November 6, 2009.

I HEREBY GIVE PERMISSION FOR MY CHILD TO SUBMIT THE ENCLOSED APPLICATION.

SIGNATURE _____ DATE _____

IF APPLYING FOR A SCHOLARSHIP, PLEASE COMPLETE ATTACHED FORM

PLEASE ATTACH A CURRENT PHOTO

TWO LETTERS OF RECOMMENDATION ARE REQUIRED: ONE FROM YOUR SOCIAL STUDIES TEACHER (THIS YEAR OR LAST), AND ONE FROM AN ADULT OUTSIDE YOUR IMMEDIATE FAMILY.

COUNTY KILDARE-LEXINGTON
200 EAST MAIN STREET, LEXINGTON, KENTUCKY 40507
(859) 258-3137 (859) 425-2053 – FAX KAYS@LFUCG.COM - E-MAIL
STUDENT EXCHANGE APPLICATION

NAME
(LAST) _____
(FIRST) _____

ADDRESS
(STREET) _____
—

(CITY) _____ (STATE) _____ (ZIP) _____
—

PHONE _____ CELL _____ E-
MAIL _____

DATE OF
BIRTH _____ SEX ____ GRADE _____ SCHOOL _____

INTERESTS AT
SCHOOL _____

INTERESTS OUTSIDE OF
SCHOOL _____

PARENTS
FATHER'S
NAME _____ ADDRESS _____
(if different than above)

PLACE OF EMPLOYMENT _____ WORK
PHONE _____

MOTHER'S
NAME _____ ADDRESS _____
(if different than above)

PLACE OF EMPLOYMENT _____ WORK
PHONE _____

BROTHERS AND SISTERS AT HOME (NAMES AND
AGES) _____

PLEASE COMPLETE ONLY IF APPLYING FOR FINANCIAL SCHOLARSHIP
(ALL INFORMATION IS CONFIDENTIAL)

LEXINGTON SISTER CITIES EDWARD T. HOULIHAN SCHOLARSHIP

NAME _____ AGE _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE () _____

Our Family Income Is:

- ☐ under \$30,000 annually
- ☐ \$30, 000 to \$50, 000
- ☐ \$50, 000 to \$75, 000
- ☐ \$75, 000 or more

How many people are there in the household? _____

Are there any particular circumstances, which we should know of in considering your application for financial assistance? If yes, please elaborate.

I certify that to the best of my knowledge the information provided on this Financial Need Form is true. I am prepared to document this information if requested.

Parent/Guardian_____Date_____